

## **Instructions for Completing and Submitting the FY23 CoreQ Long-Stay Sample Size Calculation Grid via Excel Spreadsheet**

All calculation grids must be electronically completed and submitted via the DHS Portal at <http://njdoas-ua.force.com/NF>. The calculation grid will be reviewed for accuracy. You will be notified via email if corrections are necessary. CoreQ survey sample size eligibility notification will be sent to the facility contact via email. **Please note that no initial submissions will be accepted after November 29, 2021, 5pm EST.**

**Facility Information** - Complete all required fields. **Please be sure to enter the information correctly in the white box area.**

- **Facility Name**
- **CMS Provider ID #:** Six digit number used by CMS for quality metrics
  - If CMS number is unknown, please use 7 digit Medicaid ID number
- **Date of Submission**
- **Name and Title of Person Completing Grid**
- **Email Address**

**CoreQ** – Complete all fields. Select drop-down/enter information in white box area.

- **Do you have a contracted CoreQ vendor for Resident Surveys?:** Drop-down selection “Yes” or “No.”
- **If yes, list the name of the CoreQ vendor:** Enter the name of facility contracted CoreQ vendor for resident surveys.
- **If you entered no, will you be using the DHS vendor, Dr. Castle?:** Drop-down selection “Yes” or “No.”
- **Do you have a contracted CoreQ Vendor for Family Surveys?:** Drop-down selection “Yes” or “No.”
- **If yes, list the name of the CoreQ vendor:** Enter the name of facility-contracted CoreQ vendor for family surveys.
- **If you entered no, will you be using the DHS vendor, Dr. Castle?:** Drop down selection “Yes” or “No.”

**Hospital Utilization Tracking (HUT) Tool** – Complete all fields. Select drop-down/enter information in white box area.

Hospital Utilization Tracking is identifying facility use of purchased/licensed software system that is specifically created for hospital utilization tracking of a facility’s entire population. The software must have the ability to collect data, apply specific population inclusion/exclusion criteria, and generate reports. Facility developed tools or tracking systems are not to be included.

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- **Do you track and trend hospital inpatient utilization with the use of a validated software system specific to hospital utilization tracking?** Select Yes/No drop-down
- **If you entered yes, enter name of the HUT tool:** Enter information in white box area

### **Resident Identification, CoreQ Exclusions, and Eligibility Status**

Use this section to include 1) the facility census at the time of reporting or 2) facility census at the time of survey initiation (only facilities whose contracted CoreQ vendor has already initiated surveys during the data collection period that began July 1, 2021). When specified, use “Y” to indicate YES and “N” to indicate NO. See page 4 of this document for the CoreQ exclusions grid.

1. **Column A:** Pre-filled. No action required.
2. **Column B, Resident Identifier (Resident Initials or Resident Number):** Complete for entire census regardless of payer source. Provide resident initials or resident medical record number only – **do not provide name or SSN.**
3. **Column C, LTC Resident Stay ≥ 100 Days:** Indicate Y/N if resident is a long-stay resident with total cumulative days in the facility greater than or equal to 100 days.
  - a. LTC Resident Stay = N – both resident and family are ineligible for CoreQ survey
  - b. No additional column coding is required for this resident
4. **Column D, Resident BIMS Score:** The Brief Interview for Mental Status (BIMS) Score is used to assess cognitive status in elderly patients. Indicate the resident BIMS Score on the most recent Minimum Data Set (MDS) assessment.
  - a. BIMS Score of 0 - 7 or 99 – resident is ineligible for CoreQ survey.
    - i. Complete remaining columns E, F and G then proceed to family member section.
  - b. BIMS Score of 8 - 15 – resident is not excluded from CoreQ survey. Proceed to remaining columns.
5. **Column E, Resident on Hospice:** Indicate Y/N if resident is receiving hospice services as coded on the MDS Question O0100K2.
  - a. Hospice = Y – both resident and family are ineligible for CoreQ survey
    - i. Verify “N” is recorded in both Column G and Column L
6. **Column F, Resident has Legal Guardian:** Indicate Y/N if resident has a court appointed legal guardian.
  - a. Legal Guardian = Y – both resident and family are ineligible for CoreQ survey
    - i. Verify “N” recorded in both Column G and Column L
7. **Column G, Resident Appropriate for CoreQ Survey:** Column G should auto-populate based on responses in preceding columns. Verify CoreQ Survey resident eligibility based on information entered in Columns C, D, E, and F. Manually enter “Y” or “N” if data doesn’t auto-populate.
8. **Column H:** No action required – leave blank.

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9. **Column I, Family Identifier:** Enter initials of the primary authorized representative (family/friend) of resident identified in Column B. If there is no authorized representative (including resident is own representative), enter "N/A."
10. **Column J, Family Members Living in Another Country:** Indicate "Y" or "N" if the primary authorized representative resides outside the United States.
  - a. Living in another country = Y – family is ineligible for CoreQ survey. Verify "N" recorded in Column L.
11. **Column K, Address for the family:** Indicate Y/N if there is a mailing address on file for the family member.
  - a. Address for family = N – family is ineligible for CoreQ survey. Verify "N" recorded in Column L.
12. **Column L, Family Appropriate for CoreQ Survey:** Column L should auto-populate based on responses in preceding columns. Verify or enter "Y" or "N" for CoreQ Survey family eligibility based on information entered in Columns E, F, I, J, and K.

### **TOTALS:**

User is to verify information only. This section will auto-tally based on the information entered in the form. The user should verify that the totals appear to be accurate and recheck data entry if necessary.

**NOTE:** Residents and families may have multiple exclusions applied; therefore, there is not a direct correlation between number of residents, exclusions, and eligible participants.

### **Uploading Grid through the DHS Online Nursing Facility Reporting Portal**

Following completion of the CoreQ Long Stay Survey Sample Size Calculation Grid, providers are responsible to:

- 1) Save the document file which should include your facility name and date of submission
  - Recommended naming convention: **FY23CalculationGrid Facility Name Date of Submission.**
    - i. i.e. FY23CalculationGrid XYZCareCenter 110920
- 2) Upload the document to the DHS NF Reporting Portal via the following URL:
  - <http://njdoas-ua.force.com/NF>
    - a. To login, enter your 7 digit NJ Medicaid Provider ID
    - b. Verify the nursing facility displayed is the facility you represent
    - c. Enter your First Name, Last Name, Phone Number and Email address
    - d. Click the "Upload File" button

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- e. Browse and locate the saved CoreQ Long Stay Survey Sample Size Calculation Grid in your electronic files
- f. Select and highlight the calculation grid file
- g. Click the “Done” button
- h. Verify that the “File Name” displays the electronic calculation grid file selected for upload
  1. If an error in document was made, click the “trash can” icon to delete the file and repeat the upload steps
- i. Click the “Submit” button
  1. User cannot undo an upload once submit is selected
- j. Screen will display the file name of the successfully uploaded document
- k. Once the document is successfully uploaded, it is not available for viewing, changes, or deletion
  1. The facility is responsible for retaining a copy of the document for their records and to make corrections if requested by DoAS

| CoreQ Exclusions   |   |
|--|---|
| <b>Excluded from the survey are the following long-stay residents or family members of long-stay residents.</b>  |   |
| *Family member refers to a designated authorized representative and may consist of a family member, friend, or other relation.   |   |
| Long-Stay Resident Exclusions  | Family Members of Long-Stay Residents Exclusions  |
| <ul style="list-style-type: none"> <li>Residents who have lived in the facility for less than 100 days               <ul style="list-style-type: none"> <li>This is recorded in the MDS Section A1600 and/or A1900.</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>Families of residents who have lived in the facility for less than 100 days               <ul style="list-style-type: none"> <li>This is recorded in the MDS Section A1600 and/or A1900.</li> </ul> </li> </ul>    |
| <ul style="list-style-type: none"> <li><b>Residents with BIMS scores of equal to or less than 7 or equal to 99 are excluded.</b> <ul style="list-style-type: none"> <li>Residents who have poor cognition as identified through MDS assessment Section C0200-C0500.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Family members who reside in another country.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Residents receiving hospice:               <ul style="list-style-type: none"> <li>This is recorded in the MDS as Hospice (MDS O0100K2 = 2).</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>Families of residents receiving hospice:               <ul style="list-style-type: none"> <li>This is recorded in the MDS as Hospice (O0100K2 = 2).</li> </ul> </li> </ul>   |
| <ul style="list-style-type: none"> <li>Residents with court appointed legal guardians for all decisions.               <ul style="list-style-type: none"> <li>Identify from the facility health information system.</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>Families of residents who have court appointed legal guardians for all decisions               <ul style="list-style-type: none"> <li>Identify from the facility health information system.</li> </ul> </li> </ul> |